



**IESI Corporation and its subsidiaries ("IESI")**

P O BOX 399  
SCOTLAND PA 17254

**IESI**

P O BOX 399  
SCOTLAND PA 17254

Date: \_\_\_\_\_

Location: CHAMBERSBURG

Please Print Clearly

Customer ID# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St Zip \_\_\_\_\_

**By signing below you authorize IESI to charge your credit card or bank account for services rendered.**

**Your account will be charged 15 days **after the invoice date** for the balance due.**

You will receive a quarterly invoice from IESI which will reflect the prior payment and balance due that will be charged to your credit card.

You must notify us in writing when you wish to terminate this credit card authorization.

If paying by credit card, please check card type:

[EMAIL](#) \_

( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS

ACCOUNT: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_ (month/year)

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

For any questions regarding credit card charges, please contact our Collections Department.

Thank You.